# **Challenges of Caring for Clinically Complex Residents**

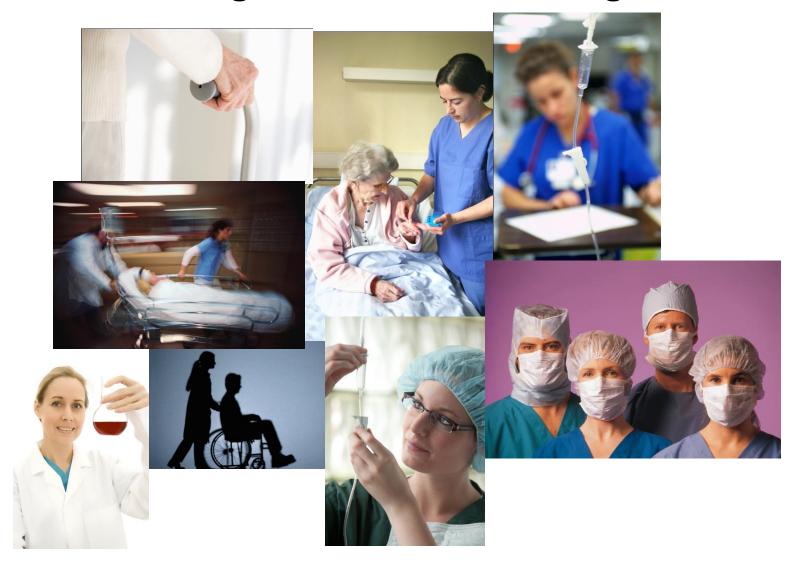
Charlotte Eliopoulos RN, MPH, PhD

Executive Director

American Association for Long Term Care Nursing



### It's not our grandmothers' nursing home!



- 16,100 certified nursing homes
- 1.4 million residents
  - 90% of residents are >65
    - 47% are <u>></u>85 years old
  - Residents are extremely frail & have complex care needs
  - 50%± enter the home for short term sub-acute or rehab services

Older residents have longer LOS along with increasing clinical care needs

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      Age:
      % of Residents Staying 1+yrs

      65-74
      12.2

      75-84
      32.4

      85+
      55.4
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# Disease prevalence is higher, and multiple conditions are more common, indicating an increasingly sicker, dependent population

- •Over two-thirds of long-stay residents had multiple physical conditions, and close to two-fifths had both physical and mental/cognitive conditions
- •The percentage of long-stay residents who received help from another person in 5 ADLs has increased
- •A high percentage of residents are nonambulatory (41%) and only 18% walk independently without help or supervision

Residents have conditions that require regular monitoring, treatments, and implementation of (changing) best practices; the most common conditions are:

Heart disease

**Diabetes** 

Stroke

Cancer

**COPD** 

Depression

Dementia

Affective disorders

Hip Fracture

Most residents have multiple conditions

#### **Diagnoses Among Elderly Long-stay Nursing Home Residents**

	1999	2004
One or More Physical Diagnoses	58%	67%
One or More Mental/Cognitive Diagnoses	48%	61%
Both Physical and Mental Diagnoses	25%	39%

SOURCE: Kaiser Commission ofn Medicaid and the Uninsured. KCMU estimates based on analysis of the 2004 National Nursing Home Survey. Long-stay nursing home residents are defined as having stays of 90 days or longer.

#### Injuries in Older Adults

The injury rate for persons age 65 and older:

- falls in the midrange for people of all age groups until age 75 and older, when it rises
- persons over age 75 have the second highest rate of injury

Injuries rank in the top ten leading causes of death for person over age 65

#### Infections in Older Adults

Altered antigen-antibody response and the high prevalence of chronic disease cause older persons to be highly susceptible to infections.

Pneumonia and influenza rank as the fourth leading cause of death in this age group

Pneumonia is the leading cause of infection-related death Older adults have a threefold greater incidence of nosocomial pneumonia

- Older adults experience gastroenteritis caused by Salmonella species more frequently than persons younger than 65 years of age
- Urinary tract infections increase in prevalence with age
- Older adults account for more than half of all reported cases of tetanus, endocarditis, cholelithiasis, and diverticulitis.
- Older person have a higher mortality rate from infections

#### Medications



- This group uses a large number and variety of medications
- The average nursing home resident takes 8.8 medications per month
- The number of drugs used increases with age
- Medications behave differently in older adults

#### **Hospital Readmissions are Increasing**

The 2010 National Healthcare Quality Report found that residents' hospitalization rates for potentially avoidable conditions increased between 2000 and 2007.

23.5% of the people admitted to a post-acute-care skilled-nursing facility were rehospitalized within 30 days (1)



#### Disorders of Mood and Cognition

#### **Depression**

Prevalence of depression among older LTC residents:

- As many as 25%
- Another 20% to 30% displaying symptoms of depression although not diagnosed with clinical depression



### Disorders of Mood and Cognition



Suicide is a real risk among depressed residents.

These residents need close observation, careful protection, and prompt therapy.

#### Disorders of Mood and Cognition

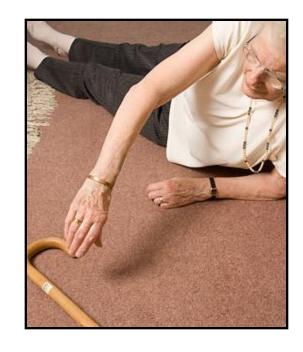
#### **Dementia**

- It is estimated that 4.5 million older adults suffer some form of dementia.
- Alzheimer's disease is the most common cause of dementia in older adults.
- It is estimated that more than half of LTC residents have some form of dementia



#### **Falls**

- Each year, a typical nursing home with 100 beds reports 100 to 200 falls. Many falls go unreported.
- Between half and three-quarters of nursing home residents fall each year. That's twice the rate of falls for older adults living in the community.
- Residents often fall more than once. The average is
   2.6 falls per person per year.
- About 35% of fall injuries occur among residents who cannot walk.
- About 5% of adults 65 and older live in nursing homes, but nursing home residents account for about 20% of deaths from falls in this age group.



#### **Pressure Ulcers**

The National Nursing Home Survey revealed that:

- About 11% of nursing home residents had pressure ulcers with Stage 2 pressure ulcers being the most common.
- Residents aged 64 years and under were more likely than older residents to have pressure ulcers.
- Residents of nursing homes for a year or less were more likely to have pressure ulcers than those with longer stays.
- One in five nursing home residents with a recent weight loss had pressure ulcers.

#### Aging and Obesity

The baby-boom generation is aging with more body weight, thereby increasing their risk for heart attacks and strokes.

There will be an increasing of the demand for cardiac and physical rehabilitation for older, obese individuals.

Nursing homes will need to enhance competencies in caring for obese residents.



#### **Violence**

 Data from the U.S. Bureau of Labor Statistics shows that nursing assistants experience more physical violence than any other institutional-based caregiver.

Studies have shown that more than half of CNAs are victims of assault and battery at least once every week.

- Fifty-one percent of CNAs have been injured by a resident and more than a third of those required medical attention for their injuries.
- Nearly one in six workers are assaulted by residents on a daily basis.

#### The Culture Change Movement

- Consumers are becoming aware of culture change and having raised expectations
- Creating a homelike environment in a setting that needs to be equipped for acute care can be challenging



- Number of licensed RNs living and working in the United States: 3,063,163
  - 84% employed in nursing highest rate since 1977
  - 63.2% employed in nursing FT
  - 7% employed in nursing homes

- Certified nursing assistants (CNAs) constitute 43% of the long-term care workforce and 75% of the direct care workforce
- The average hours of nursing staff (RN, LPN, and CNA) care provided per resident day is 3.5 hours, with a range of 2.6 to 5.2 hours per resident day.
- The hours of care per resident day:

RNs: 0.5 LPNs: 0.7 CNAs 2.3

 A study conducted by CMS revealed that quality improved when nursing homes provided the following hours of staff per resident day:

> RNs: 0.55-0.75 LPNs: 1.15-1.3 CNAs: 2.4-2.8

• This study also revealed that more than 91% of skilled nursing homes provided staffing levels between 2.8-3.2 hours per resident day, which were deemed too low to meet basic care needs.

A comprehensive report about nurse staffing in nursing facilities issued by the Centers for Medicare & Medicaid Services (CMS) stated that:

- more than 97% of facilities do not have sufficient nursing staff to meet one or more federal staffing requirements and to prevent avoidable harm to residents
- 91% do not have sufficient nursing staff to meet five key care process areas (dressing/grooming; exercise; feeding assistance; changing wet clothes and repositioning; toileting)
- There was insufficient numbers of professional nurses as well as insufficient numbers of aides

Although resident acuity has increased in the decade since the CMS report was issued, staffing has not significantly changed, in terms of either absolute numbers of nursing staff or the professional qualifications of staff.

A primary cause of hospitalizations from nursing homes, discussed in the literature for more than 20 years, is the inadequate nurse staffing levels in nursing facilities.

The Kaiser Family Foundation confirmed earlier research supporting the fact that increased nurse staffing in nursing facilities is an important way to improve quality of care in nursing facilities and reduce hospitalization and rehospitalization of residents.

Source: Henry Desmarais, "Financial Incentives in the Long-Term Care Context: A First Look at Relevant Information," (Oct. 2010), <a href="http://www.kff.org/medicare/8111.cfm">http://www.kff.org/medicare/8111.cfm</a>

#### ☐ TOP MANAGEMENT TURNOVER

- ☐ Administrators, average turnover rate of 43% per year.
- $\square$  Directors of Nursing, average turnover rate of 39% per year.
- ☐ In most facilities one member of top management leaves every year.
- ☐ Some facilities had 6 NHAs or 6 DONs in one year.

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□ ADMINISTRATOR TURNOVER AND QUALITY OF CARE IN NURSING HOMES
 □ Administrator turnover is associated with a higher than average proportion of residents who were
 □ catheterized
 □ had pressure ulcers
 □ were given psychoactive drugs
 □ and with a higher than average number of quality-of-care deficiencies.
 □ Repeated with DON
 □ Similar findings (different QMs)

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- ☐ High levels of staff turnover in nursing homes
  - ☐ Nurse Aides = 71%
  - ☐ Licensed Practical Nurses = 49%
  - ☐ Registered Nurses = 50%

#### Low Salaries Affect Staff Recruitment & Retention

 The median annual salaries for nurses in nursing homes is approximately \$10,000 less than staff nurse positions in hospital medical-surgical units where staffing is higher, support from other personnel is more available, and the nature of the work typically is less demanding.

Nursing home employees are more than twice as likely to be injured on the job as compared to other workers



#### Leadership

- Assessing organizational readiness to care for this population:
  - Staffing
  - Competencies
  - Equipment
- Defining expectations
- Supporting staff education...nurturing culture of learning
- Monitoring and trending data

#### Staff Development

- Identify best practices and bridge to bedside caregivers
- Utilize effective adult education strategies
- Monitor needs and plan programs to address them
- Assure competencies are present and maintained

#### **Caregivers**

- Personal inventory of competencies
- Upgrade assessment, planning, and caregiving skills (INTERACT tools)
- Integrate high quality of care with high quality of life

#### Regulators, 3<sup>rd</sup> Party Payors

- Assess quantity and level of staff required to meet needs of a growing clinically complex resident population
- Link facilities with resources to assist in competency enhancement and service provision
- Be realistic in expectations
- Help consumers develop realistic expectations

#### For follow up or questions:

# Charlotte Eliopoulos RN, MPH, PhD Executive Director American Association for Long Term Care Nursing charlotte@ltcnursing.org



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